



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/643,632
	Filing Date	18 August 2003
	First Named Inventor	RONALD T. LABORDE
	Art Unit	UNKNOWN
	Examiner Name	UNKNOWN
Total Number of Pages in This Submission	Attorney Docket Number	1730-033CPA2

ENCLOSURES (check all that apply)				
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<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	THE MAXHAM FIRM Lawrence A. Maxham, Reg. No. 24,483
Signature	
Date	13 November 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 13 November 2003			
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"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
 )  
RONALD T. LaBORDE )  
 )  
SERIAL NO.: 10/643,632 ) Group No: UNKNOWN  
 )  
FILED: 18 August 2003 ) Examiner: UNKNOWN  
 )  
FOR: IMMUNOCHROMATOGRAPHIC )  
ASSAY METHOD AND APPARATUS )

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INFORMATION DISCLOSURE STATEMENT**

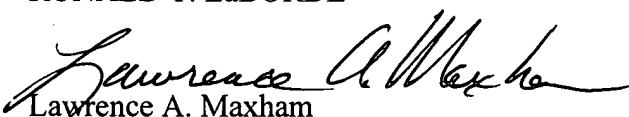
Applicant hereby cites the document listed in accompanying Form PTO/SB/08A with respect to the above-referenced patent application under the provisions of 37 CFR, Sections 1.56, 1.97 and 1.98. A copy of the document is attached.

The filing of this Information Disclosure Statement will not be construed to mean that a search was conducted or that no other material information, as defined by 37 CFR 1.56, exists.

The Examiner is respectfully requested to make the listed document of record in connection with the prosecution of the subjection application.

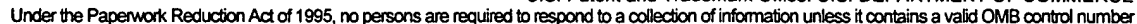
Respectfully submitted,

RONALD T. LaBORDE

By:   
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**Complete if Known**

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Sheet

of

Attorney Docket Number

1730-033CPA2

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Examiner  
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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